U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or official Dep Only	_
E	CAR DRO	

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 /

4. Name, file number, and address of labor organization.

Name CHARLES T STET	'SO1	Name	ELECTRICAL	TORKERS IBEW	AFL-CIO LU	357
		Labor	Organization File I	\urnber 038-8:	15	
P.O. Box, Bldg. Room No., if any		P.O. Box, Building and Room Number, if any				
Street 4322 E BONANZA RD		Street	4322 E BONA	NZA RD		
City LAS VEGAS		City	LAS VEGAS			
State Nevada Z	ZIP Code + 4 89110-6102	State	Nevada		ZIP Code + 4	89110-6102
5. Position in labor organization. PRESIDEN	r					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including tra			······································	rsaction, or Income		
Name						
Trade Name, if any:						j
P.O. Box, Bldg., Room No., if any		7.b. Amo	bunt.			
Street						
City						
State	ZIP Code + 4					
Signature						
15. Signature and verification. The undersi	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information					formation

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

08/12/2005

Date

702-452-9357

Telephone Number

Name of Person Filing CHARLES STETSON	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent. or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name MILLINAN CONSULTANTS	9. Business deals with:				
Trade Name, if any:	a. Labor Organization X b. Trust				
P.O. Box, Bldg., Room No., if any Street 650 CALIFORNIA ST., 17TH FLOOR	c. Employer				
CTW SAN FRANCISCO					

State California ZIP Code + 4 94108-2702 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. AS A TRUSTEE FOR { & W/PENSION FUND I HAD DINNER Name ELECTRICAL WORKERS H & W/PENSION TRUST WITH THE TRUST CONSULTANT TO DISCUSS BENEFIT ENHANCEMENTS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 CONVENTION CENTER DR., STE 600 11.b. Approximate dollar value of such dealing. \$200 LAS VEGAS 12.a. Nature of interest held or income received. WENT TO DINNER WITH TRUST CONSULTANT ZIP Code + 4 89109 State Nevada

12.b. Amount. \$200

C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name ELE				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

Name of Person Filing CHARLES STETSON

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:			
Name and address of Business (including trade name, if any).	5. Dusiness deals with.			
Name ELECTRICAL WORKERS H & W/PENSION TRUST	a. Labor Organization			
Trade Name, if any:				
	× b. Trust			
P.O. Box, Bldg., Room No., if any				
Street 101 CONVENTION CENTER DR., STE 600	c. Employer			
City LAS VEGAS				
State Nevada ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.			
Name	AS TRUSTEE FOR H & W/PENSION FUND I WENT TO ONE NEBF EDUCATIONAL CONFERENCE.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street ELECTRICAL WORKERS H & W/PENSION TR				
City LAS VEGAS				
State Nevada ZIP Code + 4 89109	11.b. Approximate dollar value of such dealing. \$1,049			
	12.a. Nature of interest held or income received.			
	WENT TO NEBF EDUCATIONAL CONFERENCE IN ORLANDO, FLORIDA.			
	12.b. Amount. \$1,049			